

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034258

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8027

FILED SEP 6 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		c. CITY OR TOWN <u>ST. Louis</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>5735 Neosho</u>		d. STREET ADDRESS (If outside, give location) <u>5735 Neosho</u>	
3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>Laura</u> Last <u>Yungermann</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 14, 1905</u>
9. AGE (last birthday) <u>58</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleswoman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Famous-Barr Co.</u>
11. BIRTHPLACE (City and state or country) <u>ST. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eli Zumwalt</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Zoepfel</u>	
14. NAME OF HUSBAND OR WIFE <u>Edward A. Yungermann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Edward A. Yungermann</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Barbiturate poisoning</u> DUE TO (b) <u>Self ingested in home on Aug 6, 1963</u> DUE TO (c) <u>Suicide 970.2</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>		21. TIME OF INJURY Hour <u>?</u> a.m. <u>8-6-63</u> p.m.	
22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
24. CITY, TOWN, OR LOCATION <u>ST. Louis, Mo</u>		25. COUNTY <u>Mo</u>	
26. STATE <u>Mo</u>		27. DATE SIGNED <u>8-7-63</u>	
28. SIGNATURE <u>Arthur J. Smith</u>		29. ADDRESS <u>1300 Clark</u>	
30. BUREAU, CREMATION, REMOVAL (Specify) <u>Removal</u>		31. DATE <u>Aug. 9, 1963</u>	
32. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer Cemetery</u>		33. LOCATION (City, town, or county) (State) <u>ST. Louis, Co. Mo.</u>	
34. FUNERAL DIRECTOR <u>Witt Mortuary</u>		35. ADDRESS <u>6409 Gravois</u>	
36. DATE RECD. BY LOCAL REG. <u>AUG 7 1963</u>		37. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John M. Sizemore

Licensed Embalmer No.

4343

P. O. Address

Albion Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.